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Pittsburgh, PA 1	5222-2315	123	Toby Marchionn		o-Adams	(Depositor's name)		
		4 TAADIN	IAMAS /	Way Marchionolla		(Signature)		
			<u>A</u>	ugust 12, 200	9	(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.		
09/944,564	09/04/2001		Nedaa Abdul-Ghani Nasii	f 27	8455.100	8476		
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	_1		
nonprovisional	YES	\$755	\$300	6 9/13/2009	SDENEO340598888	67 503309/08/200914564		
EXAMINER		ART UNIT	CLASS-SUBCLASS 01 FC:2501		755.00 DA 300.00 DA	Â		
	ATRICK T	1623	514-054000	02 FC:1504				
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			THE PATENT (print or ty	• •				
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI		iffied below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY			locument has been filed for		
Please check the appropr	riate assignee category of	r categories (will not be pr	rinted on the patent) :	Individual Corporat	ion or other private gr	oup entity Government		
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• • •	s SMALL ENTITY stat	us. See 37 CFR 1.27.		ger claiming SMALL EN				
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Authorized Signature	_ Kelr	of Unde		Date Augus	t 12, 2009			
Typed or printed name Debra Z. Anderson Registration No. 44,506								

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CURRENT CORRESPOND		ock 1 for any change of address)	Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
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		TA THAD	- 14 /	Oby Marchio		(Signature)				
•		TAD	A	ugust 12, 200)9	(Date)				
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	DRNEY DOCKET NO.	CONFIRMATION NO.				
09/944,564 09/04/2001 Nedaa Abdul-Ghani Nasif 278455.100 8476 TITLE OF INVENTION: ASTHMA/ALLERGY THERAPY THAT TARGETS T-LYMPHOCYTES AND/OR EOSINOPHILS										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE				
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/08/2009				
BXAM	INER	ART UNIT	CLASS-SUBCLASS	· ·						
LEWIS, PA	ATRICK T	1623	514-054000	•		·				
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Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual Corpora	tion or other private grou	up entity Government				
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			d from anyone other than t	he applicant; a registered	lattorney or agent; or the	e assignee or other party in				
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